

04/12/00  
JCS658 U.S. PTO

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Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 1931

First Inventor or Application Identifier Beatty et al.

Title Electrophysiology Mapping System

Express Mail Label No. EK584464300US

### APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1.  \* Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2.  Specification [Total Pages 41]  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3.  Drawing(s) (35 U.S.C. 113) [Total Sheets 17]
4. Oath or Declaration [Total Pages ]
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 16 completed)
    - i.  DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

**\*NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.29).**

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

5.  Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a.  Computer Readable Copy
  - b.  Paper Copy (identical to computer copy)
  - c.  Statement verifying identity of above copies

### ACCOMPANYING APPLICATION PARTS

7.  Assignment Papers (cover sheet & document(s))
8.  37 C.F.R. § 3.73(b) Statement  Power of  
(when there is an assignee)  Attorney
9.  English Translation Document (if applicable)
10.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS  
Statement (IDS)/PTO-1449  Citations
11.  Preliminary Amendment
12.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
13.  \* Small Entity Statement(s)  Statement filed in prior application,  
(PTO/SB-09-12)  Status still proper and desired
14.  Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
15.  Other: Check for \$345  
Unsigned Declaration

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No: 09 / 005,105  
Prior application information: Examiner Winakur, E. Group / Art Unit: 3736

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

### 17. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)			or <input checked="" type="checkbox"/> Correspondence address below	
Name	Robert C. Beck Beck & Tysver				
Address	1011 First Street South Suite 440				
City	Hopkins	State	MN	Zip Code	55343
Country	USA	Telephone	952-933-3412	Fax	952-933-3049

Name (Print/Type)	Robert C. Beck	Registration No. (Attorney/Agent)	28,184
Signature		Date	4/12/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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# FEE TRANSMITTAL

## for FY 2000

*Patent fees are subject to annual revision.**Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.*

TOTAL AMOUNT OF PAYMENT (\$ 345.00)

*Complete if Known*

Application Number	
Filing Date	HEREWITH
First Named Inventor	Beatty et al.
Examiner Name	
Group / Art Unit	
Attorney Docket No.	1931

**METHOD OF PAYMENT** (check one)

- 1.
- 
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 500-246

Deposit Account Name Beck &amp; Tysver, P.L.L.C.

 Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.172.  Payment Enclosed: Check     Money Order     Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity				Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
101 690	201 345	Utility filing fee	345.00		
106 310	206 155	Design filing fee			
107 480	207 240	Plant filing fee			
108 690	208 345	Reissue filing fee			
114 150	214 75	Provisional filing fee			
SUBTOTAL (1) (\$ 345.00)					

**2. EXTRA CLAIM FEES**

Extra Claims	Fee from below	Fee Paid
Total Claims -20** =	X	=
Independent Claims - 3** =	X	=
Multiple Dependent		=

\*\* or number previously paid, if greater; For Reissues, see below

**Large Entity Small Entity**

Large Entity Small Entity				Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
103 18	203 9	Claims in excess of 20			
102 78	202 39	Independent claims in excess of 3			
104 260	204 130	Multiple dependent claim, if not paid			
109 78	209 39	** Reissue independent claims over original patent			
110 18	210 9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)					

**3. ADDITIONAL FEES**

Large Entity Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath		
127 50	227 25	Surcharge - late provisional filing fee or cover sheet		
139 130	139 130	Non-English specification		
147 2,520	147 2,520	For filing a request for reexamination		
112 920*	112 920*	Requesting publication of SIR prior to Examiner action		
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action		
115 110	215 55	Extension for reply within first month		
116 380	216 190	Extension for reply within second month		
117 870	217 435	Extension for reply within third month		
118 1,360	218 680	Extension for reply within fourth month		
128 1,850	228 925	Extension for reply within fifth month		
119 300	219 150	Notice of Appeal		
120 300	220 150	Filing a brief in support of an appeal		
121 260	221 130	Request for oral hearing		
138 1,510	138 1,510	Petition to institute a public use proceeding		
140 110	240 55	Petition to revive - unavoidable		
141 1,210	241 605	Petition to revive - unintentional		
142 1,210	242 605	Utility issue fee (or reissue)		
143 430	243 215	Design issue fee		
144 580	244 290	Plant issue fee		
122 130	122 130	Petitions to the Commissioner		
123 50	123 50	Petitions related to provisional applications		
126 240	126 240	Submission of Information Disclosure Stmt		
581 40	581 40	Recording each patent assignment per property (times number of properties)		
146 690	246 345	Filing a submission after final rejection (37 CFR § 1.129(a))		
149 690	249 345	For each additional invention to be examined (37 CFR § 1.129(b))		
Other fee (specify) _____				
Other fee (specify) _____				
SUBTOTAL (3) (\$)				

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

**SUBMITTED BY**

Name (Print/Type)	Robert C. Beck	Registration No. (Attorney/Agent)	28,184	Telephone	(952) 933-3412
Signature	<i>Robert C. Beck</i>			Date	4/12/00

**WARNING:**

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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